

6/8/23, 9:28 AM

Merimen e-Claims

(08/11 /13) wef

ASS. REC. BY: / Tayfiken

REF:

CS3/LPC2306172/Tuy 3

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

91720

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lump Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SNJ9029R

Yr Regn:

2023, March

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Honda Freed

C.C

Colour:

Grey

A/C: Insured / Std / NI / NA

Sp. Reading

13037

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

GB F3146549

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

185/65R15

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

19/6/23

Survey held at

Reliable Corp

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

O/S Frt

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp

(\$

☐

: Interview

(\$

☐

: Tech. Invs

(\$

☐

: Weekend

(\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow Insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	16/06/2023 15:37 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	16/06/2023 09:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ADAM ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNJ9029R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	RELAIBLE.SG PTE LTD
Company Reg No	202235784Z
Email Address	DRIVERELIABLERIDES@GMAIL.COM
Mobile Phone No	(Phone) +65-87779974
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MFL0009952

DRIVER

Name of Driver	CHEW HOCH YONG
NRIC No	S1803038A
Date Of Birth	22/01/1967
Occupation	Outdoor

Date Of Driving Pass	03/04/1989
Driving experience	34 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93362775
Alt. Phone Number	-
Email Address	DRIVERELIABLERIDES@GMAIL.COM
Address	418 ANG MO KIO AVE 10 #05-1037 S560418
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	PASSENGER 1
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY:

Vehicle Registration Number	XE3403R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHEW HOCH YONG
Gender	Male
Phone No	(Phone) +65-93362775
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNJ9029R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1 Please report correctly the details of the accident to speed up the claim process.
- 2 This Form must be completed by the Policyholder and/or the Actual Driver.
- 3 Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate Policy liability.
- 4 The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5 **Any false reporting may be referred to the Traffic Police Department for investigation.**
- 6 This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7 By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

B Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore (GIA) may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the **Personal Information**) and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the **Insurers**; the Insurers, lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police) for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the claim as well as on the external cover of envelopes, mail packages), and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the **Purposes**);
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers, lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms) which may be based outside of Singapore, for one or more of the above Purposes.

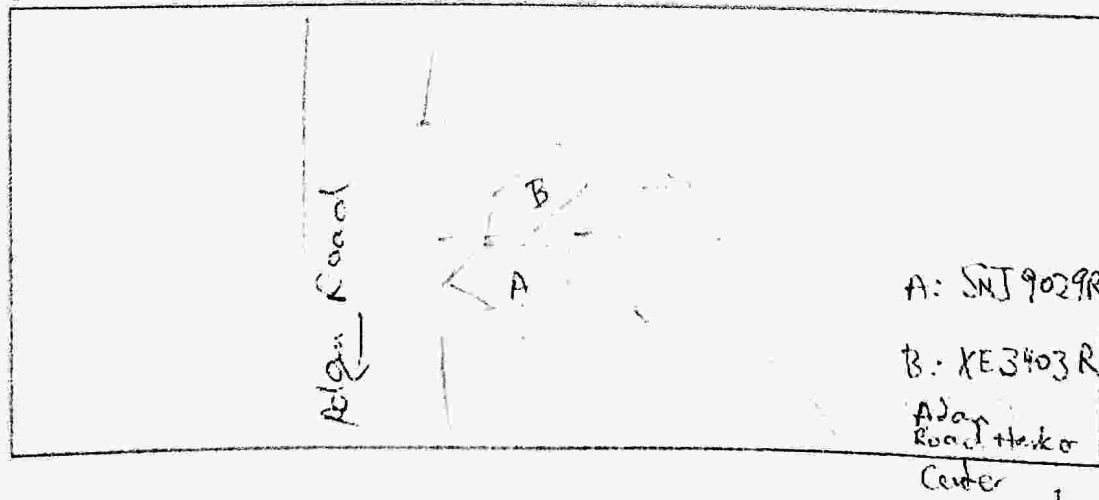


Policyholder's Signature & Date & Time

Driver's Signature (Driver's, not the policyholder), Date & Time

Witnessed by Reporting Centre Personnel (Name in BLOCK Letters)

Sketch Plan



Describe Circumstance of the Accident

Refer to Police report

Note: Please note that your insurer may have 14 days time frame for you to submit an own damage claim under your own policy, please check your policy for more information.

Declaration

I/we declare the above particulars are true and correct, to the best of my/our knowledge.



Signature of Driver/Owner/Insured Party

Signature of Witness/Police Officer/Other Party

Signature of Driver/Owner/Insured Party

16/06/2023
1429



**SINGAPORE
POLICE FORCE**



T/20230616-7026

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No. 65470000

1 of 3

Report No. T/20230616/7026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/06/2023 13:47		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHEW HOCH YONG			Address: 418 ANG MO KIO AVENUE 10 #05-1037 SINGAPORE 560418		
ID Type / ID No.: NRIC NO / S1803038A			Contact No.: Home/Office: Mobile: 93362775		
Nationality: SINGAPORE CITIZEN			Email: JACKIECHEW2201@GMAIL.COM		
Sex: Male	Age: 56	Date of Birth: 22/01/1967	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: PHV Driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/06/2023 09:45	Type of Location: Straight Road
Location: ADAM ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SNJ9029R	Car					0
XE3403R	Lorry					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230616/7026

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No 65470000

2 of 3

Report No. T/20230616/7026

CONTINUATION OF REPORT

Driver			
Name	CHEW HOCH YONG		ID No. S1803038A
Related Vehicle	SNJ9029R (Car)		Contact No. 93362775
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry Class: NIL Date of Expiry NIL
Date	16/06/2023	Date	16/06/2023
No. of Days granted Medical Leave	05	Degree of	Slight
Driver			
Name	THANASHKOOTI PANNER		ID No. F4513977T
Related Vehicle	XE3403R (Lorry)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On the 16 Jun 2023 at 9.44am I am stationary waiting to filter out into the main road, vehicle number XE3403R come from the opposite direction lane and collided onto my vehicle side. I was feeling unwell after the accident and I went to 1 Medical Teck Ghee and I was given a 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20230616-7026

Police Station Of Origin
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No: T/20230616/7026

CONTINUATION OF REPORT

Signature Of Officer Recording The Report.
Not applicable

Signature Of Interpreter
Not applicable

Officer In Charge Of Case
TP / TP1B /
ANG YI TING, STEPHANIE
Contact No. 65476414

NP158

Signature Of Informant:

The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
16/06/2023 13:47

Classification Of Case